| 101  | RE                            | OTP PART B                       | - FEE(S) TRANSN                                      | 1ITTAL  |                           |                          |  |
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| פ דיות   | 3 5 200/ S                    | OCT of some                      |  | mmissioner for D. Box 1450  | Patents                   |                          |  |
| 13 OCI A   |                               | OCT 2 5 2007                     |  | xandria, Virgin<br>1)-273-2885  | nia 22313-1450            |                          |  |
| INSTRUCTIONS   | form should be used           | or transmitting the ISSU         | JE FEE and PUBLICATI                                 | ON FEE (if require  | ed). Blocks 1 through 5 s | hould be completed where |  |
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| Patent Departme  |                               |                                  | Stat<br>add  | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                           |                          |  |
| 2 T.W. ALEXA   | INDER DRIVE<br>UANGLE PARK, N | C 27709                          | tran   | ransmitted to the USPIO (571) 273-2885, on the date indicated below.  |                           |                          |  |
| 10/26/2007 RFEKADU2 00000006 502510 10565175   |                               |                                  |  | Pam Ramsey (Depositor's name)   |                           | (Depositor's name)       |  |
| 01 FC:1504 300.00 DA   |                               |                                  |  | 1-am  | msey                      | (Signature)              |  |
| 02 FC:8001   | 15.00 DA "<br>40.00 DA        |                                  | <u> </u>   | October 23  | 3, 2007 <sup>7</sup>      | (Date)                   |  |
| APPLICATION NO.  | FILING DATE                   |                                  | FIRST NAMED INVENTOR                                 |   | ATTORNEY DOCKET NO.       | CONFIRMATION NO.         |  |
| 10/565,175 06/01/2006 Peter Dahmen CS-8727/BCS033051 7240  |                               |                                  |  |   |                           |                          |  |
| TITLE OF INVENTION: FUNGICIDAL AGENT COMBINATIONS  |                               |                                  |  |   |                           |                          |  |
|  |                               |                                  |  |   |                           |                          |  |
| APPLN. TYPE  | SMALL ENTITY                  | ISSUE FEE DUE                    | PUBLICATION FEE DUE                                  | PREV. PAID ISSUE  | FEE TOTAL FEE(S) DUE      | DATE DUE                 |  |
| nonprovisional   | NO                            | \$1400                           | \$300  | \$0   | \$1700                    | 11/23/2007               |  |
| EXAMINER ART UNIT  |                               | CLASS-SUBCLASS                   |  |   |                           |                          |  |
| PRYOR, ALTO  | N NATHANIEL                   | 1616                             | 514-341000   |   | _                         |                          |  |
| 1. Change of correspondence address or indication of "Fee Address" (37  CFR 1.363).  2. For printing on the patent front page, list  Richard E. L. Henderson  (1) the names of up to 3 registered patent attorneys  1 Reg. No. 31,619  |                               |                                  |  |   |                           |                          |  |
| Change of corresp  | ondence address (or Cha       | nge of Correspondence            | or agents OR, alternation                            | matively,   |                           |                          |  |
| Address form PTO/SI  | lication (or "Fee Address"    | ' Indication form                | (2) the name of a single<br>registered attorney or a | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3   |                           |                          |  |
| PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  2 registered listed, no nat  |                               |                                  |  | ent attorneys or agents. If no name is 3 will be printed.   |                           |                          |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  |                               |                                  |  |   |                           |                          |  |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  |                               |                                  |  |   |                           |                          |  |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |                               |                                  |  |   |                           |                          |  |
| Bayer CropScience AG Alfred-Nobel-Str. 50, 40789 Monheim, Germany  |                               |                                  |  |   |                           |                          |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent):  |                               |                                  |  |   |                           |                          |  |
| 4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   |                               |                                  |  |   |                           |                          |  |
| ☑ Issue Fee ☐ A check is enclosed.   |                               |                                  |  |   |                           |                          |  |
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| overpayment, to Deposit Account Number 50-2510 (enclose an extra copy of this form).  5. Change in Entity Status (from status indicated above)   |                               |                                  |  |   |                           |                          |  |
| a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  |                               |                                  |  |   |                           |                          |  |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  |                               |                                  |  |   |                           |                          |  |
| Authorized Signature   | 20.11                         | El Hude                          | Office.  | Date Octo   | ber 23, 2007              |                          |  |
| Typed or printed name  | e <u>Rich</u> ard E           | . L. Henderson                   | ı  | Registration No. 31,619   |                           |                          |  |
|  |                               |                                  |  |   |                           |                          |  |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. |                               |                                  |  |   |                           |                          |  |
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